

INDIVIDUALS AUTHORIZED TO APPOINT AGENTS IN VIRGINIA**INSTRUCTIONS**

- This form is to be executed by an officer or principal of the appointing company.
- Include the FULL NAME of the person(s) authorized by the appointing company to sign appointment or appointment cancellation forms pertaining to licensed agents or agencies in the Commonwealth of Virginia.
- In the event that the appointing company is a member of an insurance group (i.e. has a group code number issued by the NAIC), the person(s) authorized below will automatically be authorized to sign appointment or appointment cancellation forms on behalf of **ALL** of the companies within the group, provided such companies are authorized in Virginia. **Authorizations on behalf of only selected companies within the group will NOT be permitted.**
- Based upon the information provided below, the Bureau of Insurance will update its records, and the information provided below will supercede all previous authorizations on record with the Bureau of Insurance. Therefore, this form must include the names of **EXISTING (E)** authorized persons the appointing company wishes to continue to authorize, those the appointing company wishes to **ADD (A)**, and those it wishes to **DELETE (D)**. Use the last column to designate for each name whether it is existing (E), an addition (A), or a deletion (D).
- Only 1 form need be submitted for a group; provide the NAIC Company Number of one Virginia authorized company in the group below, and the Bureau will update its records for all authorized companies in the group. If not a member of a group, provide the appointing company's NAIC Company Number.

NAIC COMPANY NUMBER:

NAME OF APPOINTING INSURER

MAILING ADDRESS (Street, P.O. Box, etc.)

CITY

STATE

ZIP

The following individuals are authorized to sign appointment and appointment cancellation forms on behalf of the company or group of companies designated above:

PLEASE PRINT OR TYPE (Attach additional sheets if needed)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX	(E)xisting (A)ddition or (D)eletion

Name of Officer or Principal (Print)

Signature of Officer or Principal

Title of Officer or Principal (Print)

Date

RETURN FORM TO:

**AGENTS LICENSING SECTION
BUREAU OF INSURANCE
BOX 1157
RICHMOND, VA 23218**